

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 147  
531  
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 726 Live Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Robelez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov. 16 - 1929  
Month Day Year

8. FATHER  
Full name Juan Robelez  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco Mex.  
(State or country)

13. Occupation  
Nature of industry miner

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

14. MOTHER  
Full maiden name Aurora Penteria  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Cl. Pass, Texas  
(State or country)

19. Occupation  
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:40 P. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown, M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year 199-1116-191 Filed Nov 25, 1929  
Registrar Registrar